

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13102

State File No. _____

FILED MAR 16 1953

BIRTH NO. _____ REG. DIST. NO. 376 PRIMARY REG. DIST. NO. 6382 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Norwood Rural</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Norwood Rural</u>	
c. LENGTH OF STAY (in this place)		1140	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Lark</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar</u> <u>1</u> <u>1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 13, 1865</u>
9. AGE (In years last birthday) <u>88</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		

13a. FATHER'S NAME <u>Francis Lark</u>		13b. MOTHER'S MAIDEN NAME <u>Francis William</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Lark</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Joan Lark</u> ADDRESS <u>Norwood Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shot Gun Wounds</u> in Back of Head. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH	
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	----------------------------------	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>114</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>not decided by coroner</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>viewed</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 19____, to Mar 1, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank Shable</u> (Degree or title) <u>coroner</u>		23b. ADDRESS <u>Intn Grove, Mo</u>		23c. DATE SIGNED <u>3-3-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>	
				24d. LOCATION (City, town, or county) (State) <u>Norwood, Mo</u>	

DATE REC'D BY LOCAL REG. <u>3/6/53</u>		REGISTRAR'S SIGNATURE <u>Mrs A.R. Worsham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shable, Wm</u> ADDRESS <u>Norwood, Mo</u>	
----------------------------------------	--	-----------------------------------------------	--	-------------------------------------------------------------------------------	--

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED MAR 9 1953
WRIGHT CO. HEALTH DEPT.
County File Number 353-38
Date Filed 3-14-53

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Grable

Licensed Embalmer No. 4140

P. O. Address Mtn Gray, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.